

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w/
JUL 07 2006

applicable fee(s), to: Mail Mail Stop ISSUE FEE
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21874 7590 06/08/2006

EDWARDS & ANGELL, LLP
P.O. BOX 55874
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Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Maria Carr	(Depositor's name)
<i>Maria Carr</i>	(Signature)
July 7, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/626,743	04/16/2004	Suzanne Nakajima	60583(50530)	1363

TITLE OF INVENTION: QUINOXALINYL MACROCYCLIC HEPATITIS C SERINE PROTEASE INHIBITOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIFLE, BRUCK	1624	514-255050

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 02 FC:1504 (2) the name of a single firm (having up to 3 registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	

PLEASE NO 1%: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Enanta Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Watertown, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies - 10 (ten).

4b. Payment of Fee(s):

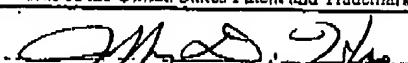
A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NO 1%: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date July 7, 2006

Typed or printed name Jeffrey D. Hsi

Registration No. 40,024

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FAX TRANSMISSION

DATE: July 7, 2006

PTO IDENTIFIER: Application Number 10/826,743-Conf. #1363
Patent Number

Inventor: Suann Nakajima et al.

MESSAGE TO: Office of Patent Publication

FAX NUMBER: (571) 273-2885

FROM: EDWARDS ANGELL PALMER & DODGE LLP

Jeffrey D. Hsi

PHONE: (617) 439-4444

Attorney Dkt. #: 60583(50530)

PAGES (Including Cover Sheet): 4

CONTENTS: Fax Transmission (1 Page)
Certificate of Transmission (1 page)
Fee Transmittal (1 page)
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Application No. (if known): 10/826,743

Attorney Docket No.: 60583(50530)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

FEE TRANSMITTAL For FY 2006		Complete If Known	
		Application Number	10/826,743-Conf. #1363
		Filing Date	April 16, 2004
		First Named Inventor	Suanne Nakajima
		Examiner Name	B. Kifle
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1624
TOTAL AMOUNT OF PAYMENT	(\$ 1,700.00)	Attorney Docket No. 60583(50530)	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
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Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

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<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/>	Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
14	- 20 =	x	=		
				50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
14	- 14 =	x	=		
				200	100

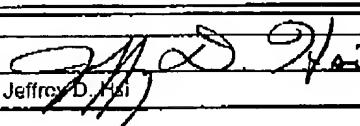
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(o)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	150	(round up to a whole number) x	=

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification	\$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal ...	1,400.00 300.00

SUBMITTED BY		Registration No. (Attorney/Agent)	40,024	Telephone	(617) 439-4444
Signature				Date	July 7, 2006